

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)		<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY <b>DUE DATE:</b>								
1a. CONTACT PERSON FOR THIS ORDER <b>Irene Zhu</b>			2a. CONTACT PHONE NUMBER <b>(415) 436-6838</b>			3. CONTACT EMAIL ADDRESS <b>irene.zhu@usdoj.gov</b>									
1b. ATTORNEY NAME (if different) <b>AUSA David Countryman</b>			2b. ATTORNEY PHONE NUMBER <b>(415) 436-7303</b>			3. ATTORNEY EMAIL ADDRESS <b>david.countryman@usdoj.gov</b>									
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) <b>450 Golden Gate Avenue, 9th Floor          San Francisco, CA 94102</b>				5. CASE NAME <b>USA v. Jonathan Chang and Grace Chang</b>				6. CASE NUMBER <b>CR 16-47 EJD</b>							
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR <b>Irene Rodriguez</b>				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)							
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
08/26/2019	EJD	Trial		●	○	○	○	○	■	○	○	○	○	○	○
08/27/2019	EJD	Trial		●	○	○	○	○	●	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  11. SIGNATURE										12. DATE <div style="font-size: 1.2em; font-family: cursive;">9/9/2019</div>					

Clear Form

Save as new PDF